

Name of Contractor <input type="checkbox"/> or <input type="checkbox"/> Subcontractor		Business Address		Project Name:		DOLI Project Number: Submit form by email:prevailingwage@doli.virginia.gov	
F.E.I.N.		Project Location		Contractor License No. (DPOR)			
Project Start Date	End Date (projected)						
1. Work Work Classification/ <i>e.g., carpenter, mason, plumber</i>			2. Hourly Rate of Pay		3. Total Fringe Benefit Cost/Hour		<p>I, the undersigned, do hereby state and certify: That this is accurate pay scale for the classes of mechanics, laborers and workers employed at</p> <p>_____ (Project Name & Location)</p> <p>during the term of the contract with</p> <p>_____ (Contracting Governmental Entity)</p> <p><input type="checkbox"/> By checking this box and typing my name below, I am electronically signing this application. I understand that an electronic signature has the same legal effect as a written signature.</p> <p>Name _____</p> <p>Title _____ Date (mm/dd/yy) _____</p>

☐ Check if additional sheets used